

Solventum Sponsored Learning:

Relieving the Pressure: Innovative Approaches To Preventing and Treating Pressure Injuries

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Pressure injuries (PIs) are localized damage to the skin and/or underlying tissue which commonly occur over a bony prominence or under medical or other devices.¹ PIs can be present below intact skin or as a painful, open ulcer.¹ Sustained tissue loading leads to ischemic, cellular and inflammatory changes, causing tissue damage.

There are intrinsic and extrinsic factors that contribute to the development of PIs. Literature demonstrates a moderate statistical association between excessive skin moisture and the development of new PIs. The presence of moisture may impact the type of load and increase the susceptibility and decrease the tolerance of skin.²⁻⁴

Prolonged moisture exposure macerates the skin and weakens its ability to act as a protective layer. The skin's natural pH is slightly acidic, typically ranging from 4.5-5.5. This acid mantle helps maintain a healthy microbiome and provides protection against irritants and harmful microorganisms. Urine has a more neutral pH (5.5-7.0). Incontinence can therefore raise the skin's pH and weaken its natural defense. This causes the skin to be more permeable to irritation and infection and dehydrates the skin via an increase in transepidermal water loss (TEWL).

Clinically, moisture associated skin damage (MASD) is often misidentified as PIs. Studies have demonstrated that MASD was incorrectly identified as PI in 44.3% of assessments.⁵⁻⁶ Similarly, incontinence associated dermatitis (IAD) often mimics Stage 2 PIs (i.e., partial thickness skin loss; blister or shallow ulcer).¹ Practitioners must accurately assess the etiology of skin lesions, whether it's pressure, moisture or both, and address them accordingly.

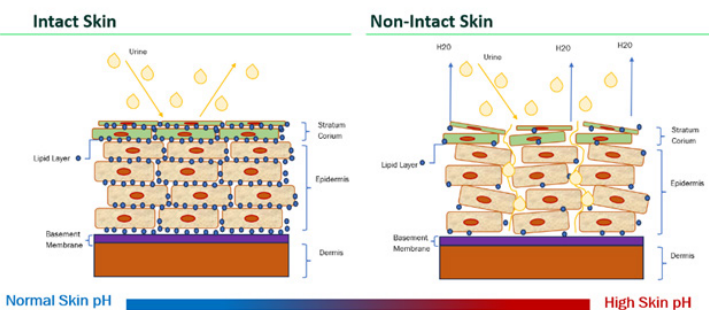
Topical Prevention And Management Of Incontinence Associated Dermatitis:

Solventum offers various products to prevent and manage IAD, which in turn support PI prevention. 3M™ Cavilon™ No-Rinse Skin Cleanser is a surfactant that can lower surface tension between a liquid and a solid. This is useful for removing stool and urine compared to water alone. 3M™ Cavilon™ Durable Barrier Cream is an occlusive that forms a physical barrier and traps moisture on the skin. The hydrophobic nature repels water and prevents it from evaporating, thereby reducing TEWL. Cyanoacrylates, such as 3M™ Cavilon™ Advanced Skin Protectant, are synthetic adhesives that cure quickly and form a waterproof barrier.

Using Negative Pressure Wound Therapy (NPWT) Through The Continuum Of Care:

NPWT can help prepare the wound bed. Solventum™ Veraflo™ Therapy provides instillation of topical wound treatment solutions while delivering NPWT. This helps soften and solubilize non-viable tissue. The unique, three-layer design of the Solventum™ Veraflo Cleanse Coice™ Dressing facilitates removal

Incontinence Associated Dermatitis





of thick exudate material and provides mechanical debridement. These are particularly useful for cases when surgical debridement must be delayed or is not possible or appropriate.

Surgical site infections (SSIs) is the number one hospital-acquired infection in the United States. SSIs are associated

with increased hospital stay and cost. Incisional management is paramount to prevent SSIs and improve healing outcomes. Solventum™ Prevena™ Peel and Place Incision Management System provides up to seven days of continuous NPWT at -125mmHg.⁷ This system helps hold incision edges together, reduces lateral tension for sutured or stapled incisions and removes fluid and infectious material from the incision.⁷

Additionally, Solventum™ V.A.C.® Peel and Place Dressing provides more efficient and effective NPWT for patients. Its unique design can reduce dressing changes by up to 67% per week and reduces

NPWT in four easy steps



Assess

Place

Check

Connect

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application time by up to 61% (ready to apply in less than two minutes).⁸ Compared to traditional Solventum™ V.A.C.® Dressings, V.A.C.® Peel and Place Dressing has been found to provide 2.4-times greater granulation tissue thickness and 33% greater wound volume reduction.⁸

References:

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